

CONFIDENTIAL CASE EVALUATION FORM

The answers to these questions are for case management and budgeting purposes only and will not be binding in any respect on substantive issues to be raised in the course of litigation.

NAME OF PETITIONER: _____

DISTRICT COURT CAUSE NUMBER: _____

Name and Address of Attorney(s)

Lead Counsel: _____

Address: _____

Telephone: _____

Fax #: _____

E-Mail: _____

Co-Counsel: (See rate justification worksheet for co-counsel) _____

Address: _____

Telephone: _____

Fax #: _____

E-Mail: _____

STATE LEVEL PROCEEDINGS

1. Did (or does) either lawyer represent the petitioner during any part of the state proceedings?

☐ No – proceed to question #2

☐ Yes (indicate which lawyer) _____

If yes, in what aspects of the case? _____

2. Has a state post-conviction proceeding (including a unified appeals/post-conviction proceeding) involving the same judgment and sentence been filed?

☐ No ☐ Yes Date: _____ Court: _____

3. Were funds allocated at the state level for state post-conviction investigation?

☐ No
☐ Yes

<u>Purpose</u>	<u>Amount Requested</u>	<u>Amount Authorized</u>
_____	_____	_____
_____	_____	_____

4. Was discovery requested at the state postconviction level?

☐ No ☐ Yes

Was it:

<u>Nature of Discovery Requested</u>	<u>Granted?</u>	<u>Denied?</u>
_____	_____	_____
_____	_____	_____

5. Was an evidentiary hearing held at the state level?

☐ Yes ☐ No

STATUTE OF LIMITATIONS

Based on current information, what is the date required by the federal habeas statute of limitations for filing of the petition?

The Record

1. Has the complete record been assembled?

☐ Yes
☐ No: Location of state post-conviction record: _____

2. Have the files of all prior counsel been obtained? ☐ Yes ☐ No

3. As accurately as possible (recognizing that it may be an estimate at this point), provide information about the size of the record:

<u>Type of Record</u>	<u>No. of Pages</u>
Trial transcript and exhibits	_____
Penalty phase transcript	_____
State appellate pleadings and briefs	_____
State postconviction record (including transcripts, pleadings, motions and exhibits)	_____
Ancillary files and records (including prior counsel's case files, co-defendant files investigative reports, etc.)	_____
Total Pages	_____

Please enter your estimate of the time (# of hours) required to review the record on the "Phase I and II Case Management Plan and Budget Form."

FACTORS AFFECTING CASE COMPLEXITY

Check all the factors applicable to this case and provide information that will allow determination of whether the case may be especially complex or costly:

☐ Age of the defendant: _____

☐ Co-defendants: _____

Number

☐ Number of victims: _____

☐ Related cases: _____

Summarize: _____

☐ Prior convictions

Number and type: _____

☐ Elapsed time since offense: _____

☐ Elapsed time since trial(s)/sentencing hearings: _____

☐ Informant involved: _____

Number, type, and availability of informant(s): _____

☐ Serial homicides

Number of different offenses at separate locations: _____

☐ Number of death eligibility circumstances alleged: _____

List: _____

☐ Other crimes charged

List: _____

☐ Unadjudicated criminal conduct (404b)

Type and location: _____

☐ Defendant's spent an extended time out of state or country

Location: _____

☐ Defendant's family presently out of state or country

Location: _____

☐ Witnesses or other investigation will require travel

☐ Defendant's and/or family's background records were not obtained in state proceedings

☐ There are issues as to competency/mental illness/or other disabilities

Explain impact on legal issues: _____

Explain impact on ability to communicate with client: _____

☐ Use of drugs or alcohol at time of offense

☐ Defendant suffered physical/mental abuse as a child

☐ Translator required for defendant

☐ Translator required for witnesses

Number of witness and types: _____

☐ Scientific procedures will be required

Type: _____

☐ No investigation at the state level

☐ No evidentiary hearing at the state level

☐ Other issues - Describe: _____

OPTIONAL RATE JUSTIFICATION WORKSHEET FOR CO-COUNSEL

A. Attorney Name and Address: _____

B. Experience and Qualifications:

Admitted to practice: _____ years.

Member of the bar of a federal district court or court of appeals: _____ years.

Primary area of practice:

Has previously represented a client in (check all that apply):

- ☐ Direct appeal of a death sentence
- ☐ State capital post-conviction proceeding
- ☐ Direct appeal of a non-capital homicide conviction
- ☐ Capital trial
- ☐ Non-capital homicide trial
- ☐ Other felony trial
- ☐ Non-capital federal habeas corpus
- ☐ Federal capital habeas proceeding

Number of clients previously represented in federal habeas actions: _____.

Most recently authorized rate in such a case: \$_____ per hour.

Approximate hours spent in training programs on death penalty litigation and/or post-conviction representation: _____.

C. Other Relevant Information: _____
